

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$4,142,244	\$884,889	(\$3,257,355)	-79%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$7,869,668	\$7,216,450	(\$653,218)	-8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,154,583	\$1,216,494	\$61,911	5%
8	Prepaid Expenses	\$1,147,109	\$901,400	(\$245,709)	-21%
9	Other Current Assets	\$307,732	\$1,226,590	\$918,858	299%
	Total Current Assets	\$14,621,336	\$11,445,823	(\$3,175,513)	-22%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,283,243	\$3,165,722	(\$117,521)	-4%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$1,806,257	\$1,360,994	(\$445,263)	-25%
	Total Noncurrent Assets Whose Use is Limited:	\$5,089,500	\$4,526,716	(\$562,784)	-11%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$2,868,975	\$2,856,651	(\$12,324)	0%
7	Other Noncurrent Assets	\$724,807	\$1,167,552	\$442,745	61%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$57,976,953	\$58,550,236	\$573,283	1%
2	Less: Accumulated Depreciation	\$34,378,475	\$37,256,964	\$2,878,489	8%
	Property, Plant and Equipment, Net	\$23,598,478	\$21,293,272	(\$2,305,206)	-10%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$23,598,478	\$21,293,272	(\$2,305,206)	-10%
	Total Assets	\$46,903,096	\$41,290,014	(\$5,613,082)	-12%

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<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$5,340,005	\$3,828,267	(\$1,511,738)	-28%
2	Salaries, Wages and Payroll Taxes	\$2,629,814	\$1,770,108	(\$859,706)	-33%
3	Due To Third Party Payers	\$1,071,475	\$1,266,304	\$194,829	18%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$342,500	\$342,500	\$0	0%
7	Other Current Liabilities	\$7,017,456	\$4,855,415	(\$2,162,041)	-31%
	Total Current Liabilities	\$16,401,250	\$12,062,594	(\$4,338,656)	-26%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$12,501,250	\$12,158,750	(\$342,500)	-3%
	Total Long Term Debt	\$12,501,250	\$12,158,750	(\$342,500)	-3%
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$9,266,631	\$8,452,551	(\$814,080)	-9%
	Total Long Term Liabilities	\$21,767,881	\$20,611,301	(\$1,156,580)	-5%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$4,607,135	\$4,285,194	(\$321,941)	-7%
2	Temporarily Restricted Net Assets	\$0	\$321,617	\$321,617	0%
3	Permanently Restricted Net Assets	\$4,126,830	\$4,009,308	(\$117,522)	-3%
	Total Net Assets	\$8,733,965	\$8,616,119	(\$117,846)	-1%
	Total Liabilities and Net Assets	\$46,903,096	\$41,290,014	(\$5,613,082)	-12%

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$151,379,874	\$148,782,543	(\$2,597,331)	-2%
2	Less: Allowances	\$89,762,915	\$89,382,555	(\$380,360)	0%
3	Less: Charity Care	\$280,655	\$465,816	\$185,161	66%
4	Less: Other Deductions	\$0	(\$857,581)	(\$857,581)	0%
	Total Net Patient Revenue	\$61,336,304	\$59,791,753	(\$1,544,551)	-3%
5	Other Operating Revenue	\$252,845	\$60,758	(\$192,087)	-76%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$61,589,149	\$59,852,511	(\$1,736,638)	-3%
B. Operating Expenses:					
1	Salaries and Wages	\$26,664,936	\$26,209,105	(\$455,831)	-2%
2	Fringe Benefits	\$8,387,477	\$6,949,625	(\$1,437,852)	-17%
3	Physicians Fees	\$387,251	\$380,259	(\$6,992)	-2%
4	Supplies and Drugs	\$9,882,840	\$6,591,490	(\$3,291,350)	-33%
5	Depreciation and Amortization	\$3,172,136	\$3,243,262	\$71,126	2%
6	Bad Debts	\$2,544,297	\$2,141,072	(\$403,225)	-16%
7	Interest	\$592,676	\$1,554,402	\$961,726	162%
8	Malpractice	\$322,204	\$729,896	\$407,692	127%
9	Other Operating Expenses	\$15,730,918	\$13,507,274	(\$2,223,644)	-14%
	Total Operating Expenses	\$67,684,735	\$61,306,385	(\$6,378,350)	-9%
	Income/(Loss) From Operations	(\$6,095,586)	(\$1,453,874)	\$4,641,712	-76%
C. Non-Operating Revenue:					
1	Income from Investments	\$450,042	\$111,148	(\$338,894)	-75%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$450,042	\$111,148	(\$338,894)	-75%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$5,645,544)	(\$1,342,726)	\$4,302,818	-76%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$33,017,171	\$1,094,678	(\$31,922,493)	-97%
	Total Other Adjustments	\$33,017,171	\$1,094,678	(\$31,922,493)	-97%
	Excess/(Deficiency) of Revenue Over Expenses	\$27,371,627	(\$248,048)	(\$27,619,675)	-101%
	Principal Payments	\$484,562	\$423,393	(\$61,169)	-13%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$35,797,385	\$32,238,275	(\$3,559,110)	-10%
2	MEDICARE MANAGED CARE	\$7,018,090	\$7,310,781	\$292,691	4%
3	MEDICAID	\$3,664,534	\$4,140,803	\$476,269	13%
4	MEDICAID MANAGED CARE	\$3,092,959	\$4,424,570	\$1,331,611	43%
5	CHAMPUS/TRICARE	\$253,020	\$400,272	\$147,252	58%
6	COMMERCIAL INSURANCE	\$445,621	\$289,102	(\$156,519)	-35%
7	NON-GOVERNMENT MANAGED CARE	\$15,504,223	\$13,703,932	(\$1,800,291)	-12%
8	WORKER'S COMPENSATION	\$352,198	\$101,466	(\$250,732)	-71%
9	SELF- PAY/UNINSURED	\$734,342	\$653,864	(\$80,478)	-11%
10	SAGA	\$712,436	\$0	(\$712,436)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$67,574,808	\$63,263,065	(\$4,311,743)	-6%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$20,613,356	\$22,583,294	\$1,969,938	10%
2	MEDICARE MANAGED CARE	\$5,734,884	\$6,591,509	\$856,625	15%
3	MEDICAID	\$2,525,676	\$4,795,982	\$2,270,306	90%
4	MEDICAID MANAGED CARE	\$6,442,304	\$7,254,770	\$812,466	13%
5	CHAMPUS/TRICARE	\$509,289	\$588,682	\$79,393	16%
6	COMMERCIAL INSURANCE	\$1,335,478	\$754,767	(\$580,711)	-43%
7	NON-GOVERNMENT MANAGED CARE	\$41,451,908	\$38,814,632	(\$2,637,276)	-6%
8	WORKER'S COMPENSATION	\$1,883,810	\$2,197,783	\$313,973	17%
9	SELF- PAY/UNINSURED	\$2,311,753	\$1,938,061	(\$373,692)	-16%
10	SAGA	\$996,601	\$0	(\$996,601)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$83,805,059	\$85,519,480	\$1,714,421	2%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$56,410,741	\$54,821,569	(\$1,589,172)	-3%
2	MEDICARE MANAGED CARE	\$12,752,974	\$13,902,290	\$1,149,316	9%
3	MEDICAID	\$6,190,210	\$8,936,785	\$2,746,575	44%
4	MEDICAID MANAGED CARE	\$9,535,263	\$11,679,340	\$2,144,077	22%
5	CHAMPUS/TRICARE	\$762,309	\$988,954	\$226,645	30%
6	COMMERCIAL INSURANCE	\$1,781,099	\$1,043,869	(\$737,230)	-41%
7	NON-GOVERNMENT MANAGED CARE	\$56,956,131	\$52,518,564	(\$4,437,567)	-8%
8	WORKER'S COMPENSATION	\$2,236,008	\$2,299,249	\$63,241	3%
9	SELF- PAY/UNINSURED	\$3,046,095	\$2,591,925	(\$454,170)	-15%
10	SAGA	\$1,709,037	\$0	(\$1,709,037)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$151,379,867	\$148,782,545	(\$2,597,322)	-2%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$12,127,091	\$11,191,228	(\$935,863)	-8%
2	MEDICARE MANAGED CARE	\$2,376,878	\$3,554,102	\$1,177,224	50%
3	MEDICAID	\$1,188,539	\$522,842	(\$665,697)	-56%
4	MEDICAID MANAGED CARE	\$868,441	\$2,035,784	\$1,167,343	134%
5	CHAMPUS/TRICARE	\$96,517	\$152,747	\$56,230	58%
6	COMMERCIAL INSURANCE	\$228,180	\$195,488	(\$32,692)	-14%
7	NON-GOVERNMENT MANAGED CARE	\$8,714,722	\$7,143,085	(\$1,571,637)	-18%
8	WORKER'S COMPENSATION	\$281,851	\$37,208	(\$244,643)	-87%
9	SELF- PAY/UNINSURED	\$62,740	\$55,783	(\$6,957)	-11%
10	SAGA	\$147,935	\$0	(\$147,935)	-100%
11	OTHER	\$0	\$0	\$0	0%

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FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$26,092,894	\$24,888,267	(\$1,204,627)	-5%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$5,423,543	\$5,593,446	\$169,903	3%
2	MEDICARE MANAGED CARE	\$1,589,532	\$1,692,060	\$102,528	6%
3	MEDICAID	\$380,810	\$1,090,983	\$710,173	186%
4	MEDICAID MANAGED CARE	\$1,832,958	\$1,867,045	\$34,087	2%
5	CHAMPUS/TRICARE	\$215,804	\$236,977	\$21,173	10%
6	COMMERCIAL INSURANCE	\$909,911	\$514,717	(\$395,194)	-43%
7	NON-GOVERNMENT MANAGED CARE	\$23,321,310	\$21,819,473	(\$1,501,837)	-6%
8	WORKER'S COMPENSATION	\$1,234,189	\$1,321,666	\$87,477	7%
9	SELF- PAY/UNINSURED	\$158,606	\$147,470	(\$11,136)	-7%
10	SAGA	\$176,535	\$0	(\$176,535)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$35,243,198	\$34,283,837	(\$959,361)	-3%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$17,550,634	\$16,784,674	(\$765,960)	-4%
2	MEDICARE MANAGED CARE	\$3,966,410	\$5,246,162	\$1,279,752	32%
3	MEDICAID	\$1,569,349	\$1,613,825	\$44,476	3%
4	MEDICAID MANAGED CARE	\$2,701,399	\$3,902,829	\$1,201,430	44%
5	CHAMPUS/TRICARE	\$312,321	\$389,724	\$77,403	25%
6	COMMERCIAL INSURANCE	\$1,138,091	\$710,205	(\$427,886)	-38%
7	NON-GOVERNMENT MANAGED CARE	\$32,036,032	\$28,962,558	(\$3,073,474)	-10%
8	WORKER'S COMPENSATION	\$1,516,040	\$1,358,874	(\$157,166)	-10%
9	SELF- PAY/UNINSURED	\$221,346	\$203,253	(\$18,093)	-8%
10	SAGA	\$324,470	\$0	(\$324,470)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$61,336,092	\$59,172,104	(\$2,163,988)	-4%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	1,457	1,347	(110)	-8%
2	MEDICARE MANAGED CARE	276	269	(7)	-3%
3	MEDICAID	182	216	34	19%
4	MEDICAID MANAGED CARE	327	427	100	31%
5	CHAMPUS/TRICARE	20	30	10	50%
6	COMMERCIAL INSURANCE	38	18	(20)	-53%
7	NON-GOVERNMENT MANAGED CARE	1,047	903	(144)	-14%
8	WORKER'S COMPENSATION	12	6	(6)	-50%
9	SELF- PAY/UNINSURED	46	52	6	13%
10	SAGA	32	0	(32)	-100%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	3,437	3,268	(169)	-5%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	9,192	7,689	(1,503)	-16%
2	MEDICARE MANAGED CARE	1,591	1,491	(100)	-6%
3	MEDICAID	1,112	1,312	200	18%
4	MEDICAID MANAGED CARE	1,034	1,501	467	45%
5	CHAMPUS/TRICARE	79	93	14	18%
6	COMMERCIAL INSURANCE	134	91	(43)	-32%
7	NON-GOVERNMENT MANAGED CARE	4,139	3,422	(717)	-17%
8	WORKER'S COMPENSATION	77	22	(55)	-71%
9	SELF- PAY/UNINSURED	177	169	(8)	-5%
10	SAGA	202	0	(202)	-100%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	17,737	15,790	(1,947)	-11%
C.	OUTPATIENT VISITS				

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	23,877	23,735	(142)	-1%
2	MEDICARE MANAGED CARE	6,416	7,172	756	12%
3	MEDICAID	2,038	3,435	1,397	69%
4	MEDICAID MANAGED CARE	6,715	7,004	289	4%
5	CHAMPUS/TRICARE	482	522	40	8%
6	COMMERCIAL INSURANCE	1,135	571	(564)	-50%
7	NON-GOVERNMENT MANAGED CARE	37,328	35,040	(2,288)	-6%
8	WORKER'S COMPENSATION	1,358	1,389	31	2%
9	SELF- PAY/UNINSURED	2,215	1,895	(320)	-14%
10	SAGA	861	0	(861)	-100%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	82,425	80,763	(1,662)	-2%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$2,378,345	\$5,183,053	\$2,804,708	118%
2	MEDICARE MANAGED CARE	\$499,086	\$1,148,377	\$649,291	130%
3	MEDICAID	\$698,350	\$2,620,574	\$1,922,224	275%
4	MEDICAID MANAGED CARE	\$1,552,025	\$3,333,229	\$1,781,204	115%
5	CHAMPUS/TRICARE	\$91,717	\$218,757	\$127,040	139%
6	COMMERCIAL INSURANCE	\$366,933	\$277,689	(\$89,244)	-24%
7	NON-GOVERNMENT MANAGED CARE	\$5,008,185	\$10,106,210	\$5,098,025	102%
8	WORKER'S COMPENSATION	\$291,906	\$599,123	\$307,217	105%
9	SELF- PAY/UNINSURED	\$1,248,488	\$1,553,078	\$304,590	24%
10	SAGA	\$77,594	\$0	(\$77,594)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$12,212,629	\$25,040,090	\$12,827,461	105%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$641,202	\$1,377,070	\$735,868	115%
2	MEDICARE MANAGED CARE	\$144,036	\$311,002	\$166,966	116%
3	MEDICAID	\$137,715	\$670,059	\$532,344	387%
4	MEDICAID MANAGED CARE	\$404,768	\$944,606	\$539,838	133%
5	CHAMPUS/TRICARE	\$31,615	\$92,864	\$61,249	194%
6	COMMERCIAL INSURANCE	\$192,200	\$206,839	\$14,639	8%
7	NON-GOVERNMENT MANAGED CARE	\$2,773,723	\$5,970,012	\$3,196,289	115%
8	WORKER'S COMPENSATION	\$189,681	\$453,745	\$264,064	139%
9	SELF- PAY/UNINSURED	\$45,070	\$69,697	\$24,627	55%
10	SAGA	\$10,739	\$0	(\$10,739)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$4,570,749	\$10,095,894	\$5,525,145	121%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	2,717	2,804	87	3%
2	MEDICARE MANAGED CARE	539	645	106	20%
3	MEDICAID	831	1,628	797	96%
4	MEDICAID MANAGED CARE	2,948	3,085	137	5%
5	CHAMPUS/TRICARE	147	177	30	20%
6	COMMERCIAL INSURANCE	560	191	(369)	-66%
7	NON-GOVERNMENT MANAGED CARE	6,944	6,963	19	0%
8	WORKER'S COMPENSATION	591	638	47	8%
9	SELF- PAY/UNINSURED	1,554	1,304	(250)	-16%
10	SAGA	412	0	(412)	-100%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	17,243	17,435	192	1%

**JOHNSON MEMORIAL HOSPITAL
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FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$10,037,829	\$9,606,142	(\$431,687)	-4%
2	Physician Salaries	\$692,376	\$0	(\$692,376)	-100%
3	Non-Nursing, Non-Physician Salaries	\$15,934,731	\$16,602,963	\$668,232	4%
	Total Salaries & Wages	\$26,664,936	\$26,209,105	(\$455,831)	-2%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$3,137,311	\$2,547,038	(\$590,273)	-19%
2	Physician Fringe Benefits	\$216,401	\$0	(\$216,401)	-100%
3	Non-Nursing, Non-Physician Fringe Benefits	\$5,033,765	\$4,402,587	(\$631,178)	-13%
	Total Fringe Benefits	\$8,387,477	\$6,949,625	(\$1,437,852)	-17%
C. Contractual Labor Fees:					
1	Nursing Fees	\$278,500	\$50,864	(\$227,636)	-82%
2	Physician Fees	\$387,251	\$380,259	(\$6,992)	-2%
3	Non-Nursing, Non-Physician Fees	\$1,864,566	\$1,719,863	(\$144,703)	-8%
	Total Contractual Labor Fees	\$2,530,317	\$2,150,986	(\$379,331)	-15%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$7,668,611	\$4,303,066	(\$3,365,545)	-44%
2	Pharmaceutical Costs	\$2,214,229	\$2,288,424	\$74,195	3%
	Total Medical Supplies and Pharmaceutical Cost	\$9,882,840	\$6,591,490	(\$3,291,350)	-33%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$1,157,868	\$1,138,435	(\$19,433)	-2%
2	Depreciation-Equipment	\$2,001,770	\$1,920,846	(\$80,924)	-4%
3	Amortization	\$12,498	\$183,981	\$171,483	1372%
	Total Depreciation and Amortization	\$3,172,136	\$3,243,262	\$71,126	2%
F. Bad Debts:					
1	Bad Debts	\$2,544,297	\$2,141,072	(\$403,225)	-16%
G. Interest Expense:					
1	Interest Expense	\$592,676	\$1,554,402	\$961,726	162%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$322,204	\$729,896	\$407,692	127%
I. Utilities:					
1	Water	\$36,866	\$28,601	(\$8,265)	-22%
2	Natural Gas	\$32,021	\$36,764	\$4,743	15%
3	Oil	\$500,461	\$638,064	\$137,603	27%
4	Electricity	\$696,544	\$739,527	\$42,983	6%
5	Telephone	\$196,481	\$184,383	(\$12,098)	-6%
6	Other Utilities	\$221,376	\$187,590	(\$33,786)	-15%
	Total Utilities	\$1,683,749	\$1,814,929	\$131,180	8%
J. Business Expenses:					
1	Accounting Fees	\$89,663	\$97,397	\$7,734	9%
2	Legal Fees	\$1,039,029	\$368,431	(\$670,598)	-65%
3	Consulting Fees	\$4,293,016	\$2,190,213	(\$2,102,803)	-49%
4	Dues and Membership	\$157,170	\$138,275	(\$18,895)	-12%
5	Equipment Leases	\$1,280,231	\$1,340,979	\$60,748	5%
6	Building Leases	\$752,637	\$679,745	(\$72,892)	-10%
7	Repairs and Maintenance	\$469,780	\$375,203	(\$94,577)	-20%
8	Insurance	\$148,997	\$136,360	(\$12,637)	-8%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$1,880	\$5,516	\$3,636	193%
10	Conferences	\$65,330	\$85,439	\$20,109	31%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$891,594	\$382,914	(\$508,680)	-57%
13	Licenses and Subscriptions	\$71,347	\$136,250	\$64,903	91%
14	Postage and Shipping	\$87,686	\$76,079	(\$11,607)	-13%
15	Advertising	\$128,333	\$148,970	\$20,637	16%
16	Other Business Expenses	\$1,940,740	\$3,453,815	\$1,513,075	78%
	Total Business Expenses	\$11,417,433	\$9,615,586	(\$1,801,847)	-16%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$486,670	\$306,032	(\$180,638)	-37%
	Total Operating Expenses - All Expense Categories*	\$67,684,735	\$61,306,385	(\$6,378,350)	-9%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$4,474,045	\$4,319,037	(\$155,008)	-3%
2	General Accounting	\$689,034	\$616,460	(\$72,574)	-11%
3	Patient Billing & Collection	\$1,704,917	\$1,327,083	(\$377,834)	-22%
4	Admitting / Registration Office	\$998,265	\$885,526	(\$112,739)	-11%
5	Data Processing	\$1,842,538	\$1,922,903	\$80,365	4%
6	Communications	\$179,520	\$164,503	(\$15,017)	-8%
7	Personnel	\$8,321,692	\$6,714,695	(\$1,606,997)	-19%
8	Public Relations	\$289,963	\$359,345	\$69,382	24%
9	Purchasing	\$376,197	\$226,159	(\$150,038)	-40%
10	Dietary and Cafeteria	\$619,794	\$576,280	(\$43,514)	-7%
11	Housekeeping	\$718,735	\$689,074	(\$29,661)	-4%
12	Laundry & Linen	\$280,700	\$260,513	(\$20,187)	-7%
13	Operation of Plant	\$1,505,095	\$1,682,836	\$177,741	12%
14	Security	\$160,811	\$163,447	\$2,636	2%
15	Repairs and Maintenance	\$857,813	\$715,838	(\$141,975)	-17%
16	Central Sterile Supply	\$185,163	\$184,990	(\$173)	0%
17	Pharmacy Department	\$3,043,300	\$2,871,144	(\$172,156)	-6%
18	Other General Services	\$5,003,442	\$4,363,595	(\$639,847)	-13%
	Total General Services	\$31,251,024	\$28,043,428	(\$3,207,596)	-10%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$1,130,863	\$989,513	(\$141,350)	-12%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$901,942	\$621,159	(\$280,783)	-31%
4	Medical Records	\$1,083,554	\$974,845	(\$108,709)	-10%
5	Social Service	\$16,076	\$0	(\$16,076)	-100%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$3,132,435	\$2,585,517	(\$546,918)	-17%
C.	<u>Special Services:</u>				
1	Operating Room	\$2,185,169	\$1,959,248	(\$225,921)	-10%
2	Recovery Room	\$338,446	\$323,426	(\$15,020)	-4%
3	Anesthesiology	\$324,625	\$466,607	\$141,982	44%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$1,787,960	\$1,976,367	\$188,407	11%
6	Diagnostic Ultrasound	\$275,747	\$344,887	\$69,140	25%
7	Radiation Therapy	\$0	\$0	\$0	0%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$485,951	\$466,507	(\$19,444)	-4%
9	CT Scan	\$348,040	\$466,868	\$118,828	34%
10	Laboratory	\$3,581,311	\$3,310,964	(\$270,347)	-8%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$284,301	\$240,061	(\$44,240)	-16%
13	Electrocardiology	\$60,519	\$63,805	\$3,286	5%
14	Electroencephalography	\$19,709	\$27,958	\$8,249	42%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$672,258	\$695,295	\$23,037	3%
19	Pulmonary Function	\$380,093	\$398,414	\$18,321	5%
20	Intravenous Therapy	\$125,244	\$112,051	(\$13,193)	-11%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$221,120	\$207,914	(\$13,206)	-6%
23	Renal Dialysis	\$141,738	\$130,633	(\$11,105)	-8%
24	Emergency Room	\$4,029,715	\$3,159,944	(\$869,771)	-22%
25	MRI	\$515,525	\$657,362	\$141,837	28%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$390,873	\$398,460	\$7,587	2%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,095,420	\$2,069,317	(\$26,103)	-1%
	Total Special Services	\$18,263,764	\$17,476,088	(\$787,676)	-4%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$3,956,145	\$3,716,172	(\$239,973)	-6%
2	Intensive Care Unit	\$1,625,113	\$1,410,442	(\$214,671)	-13%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,228,301	\$2,187,415	(\$40,886)	-2%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,203,403	\$1,140,247	(\$63,156)	-5%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$2,438,765	\$2,606,004	\$167,239	7%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$11,451,727	\$11,060,280	(\$391,447)	-3%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$3,585,785	\$2,141,072	(\$1,444,713)	-40%
	Total Operating Expenses - All Departments*	\$67,684,735	\$61,306,385	(\$6,378,350)	-9%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$62,785,887	\$ 61,336,304	\$59,791,753
2	Other Operating Revenue	54,542	252,845	60,758
3	Total Operating Revenue	\$62,840,429	\$61,589,149	\$59,852,511
4	Total Operating Expenses	66,396,980	67,684,735	61,306,385
5	Income/(Loss) From Operations	(\$3,556,551)	(\$6,095,586)	(\$1,453,874)
6	Total Non-Operating Revenue	(2,288,430)	33,467,213	1,205,826
7	Excess/(Deficiency) of Revenue Over Expenses	(\$5,844,981)	\$27,371,627	(\$248,048)
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	-5.87%	-6.41%	-2.38%
2	Hospital Non Operating Margin	-3.78%	35.21%	1.97%
3	Hospital Total Margin	-9.65%	28.80%	-0.41%
4	Income/(Loss) From Operations	(\$3,556,551)	(\$6,095,586)	(\$1,453,874)
5	Total Operating Revenue	\$62,840,429	\$61,589,149	\$59,852,511
6	Total Non-Operating Revenue	(\$2,288,430)	\$33,467,213	\$1,205,826
7	Total Revenue	\$60,551,999	\$95,056,362	\$61,058,337
8	Excess/(Deficiency) of Revenue Over Expenses	(\$5,844,981)	\$27,371,627	(\$248,048)
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	(\$20,718,900)	\$4,607,135	\$4,285,194
2	Hospital Total Net Assets	(\$16,710,766)	\$8,733,965	\$8,616,119
3	Hospital Change in Total Net Assets	(\$20,941,308)	\$25,444,731	(\$117,846)
4	Hospital Change in Total Net Assets %	-395.0%	-152.3%	-1.3%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.34	0.45	0.41
2	Total Operating Expenses	\$66,396,980	\$67,684,735	\$61,306,385
3	Total Gross Revenue	\$195,594,535	\$151,379,867	\$148,782,545
4	Total Other Operating Revenue	\$951,983	\$571,177	\$1,209,809
5	Private Payment to Cost Ratio	1.33	1.28	1.36
6	Total Non-Government Payments	\$37,610,322	\$34,911,509	\$31,234,890

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
7	Total Uninsured Payments	\$818,543	\$221,346	\$203,253
8	Total Non-Government Charges	\$89,500,134	\$64,019,333	\$58,453,607
9	Total Uninsured Charges	\$7,448,767	\$3,046,095	\$2,591,925
10	<u>Medicare Payment to Cost Ratio</u>	0.72	0.70	0.78
11	Total Medicare Payments	\$21,189,018	\$21,517,044	\$22,030,836
12	Total Medicare Charges	\$87,333,452	\$69,163,715	\$68,723,859
13	<u>Medicaid Payment to Cost Ratio</u>	0.72	0.61	0.65
14	Total Medicaid Payments	\$3,570,399	\$4,270,748	\$5,516,654
15	Total Medicaid Charges	\$14,737,589	\$15,725,473	\$20,616,125
16	<u>Uncompensated Care Cost</u>	\$2,828,136	\$1,258,250	\$1,065,514
17	Charity Care	\$559,676	\$280,655	\$465,816
18	Bad Debts	\$7,812,094	\$2,544,094	\$2,141,072
19	Total Uncompensated Care	\$8,371,770	\$2,824,749	\$2,606,888
20	<u>Uncompensated Care % of Total Expenses</u>	4.3%	1.9%	1.7%
21	Total Operating Expenses	\$66,396,980	\$67,684,735	\$61,306,385
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.92	0.89	0.95
2	Total Current Assets	\$14,386,615	\$14,621,336	\$11,445,823
3	Total Current Liabilities	\$7,500,040	\$16,401,250	\$12,062,594
4	<u>Days Cash on Hand</u>	17	23	6
5	Cash and Cash Equivalents	\$3,033,010	\$4,142,244	\$884,889
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$3,033,010	\$4,142,244	\$884,889
8	Total Operating Expenses	\$66,396,980	\$67,684,735	\$61,306,385
9	Depreciation Expense	\$2,971,658	\$3,172,136	\$3,243,262
10	Operating Expenses less Depreciation Expense	\$63,425,322	\$64,512,599	\$58,063,123
11	<u>Days Revenue in Patient Accounts Receivable</u>	42.72	40.45	36.32

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
12	Net Patient Accounts Receivable	\$ 8,626,274	\$ 7,869,668	\$ 7,216,450
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,278,325	\$1,071,475	\$1,266,304
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 7,347,949	\$ 6,798,193	\$ 5,950,146
16	Total Net Patient Revenue	\$62,785,887	\$ 61,336,304	\$ 59,791,753
17	<u>Average Payment Period</u>	43.16	92.80	75.83
18	Total Current Liabilities	\$7,500,040	\$16,401,250	\$12,062,594
19	Total Operating Expenses	\$66,396,980	\$67,684,735	\$61,306,385
20	Depreciation Expense	\$2,971,658	\$3,172,136	\$3,243,262
21	Total Operating Expenses less Depreciation Expense	\$63,425,322	\$64,512,599	\$58,063,123
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	(35.6)	18.6	20.9
2	Total Net Assets	(\$16,710,766)	\$8,733,965	\$8,616,119
3	Total Assets	\$46,991,731	\$46,903,096	\$41,290,014
4	<u>Cash Flow to Total Debt Ratio</u>	(14.1)	105.7	12.4
5	Excess/(Deficiency) of Revenues Over Expenses	(\$5,844,981)	\$27,371,627	(\$248,048)
6	Depreciation Expense	\$2,971,658	\$3,172,136	\$3,243,262
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$2,873,323)	\$30,543,763	\$2,995,214
8	Total Current Liabilities	\$7,500,040	\$16,401,250	\$12,062,594
9	Total Long Term Debt	\$12,843,750	\$12,501,250	\$12,158,750
10	Total Current Liabilities and Total Long Term Debt	\$20,343,790	\$28,902,500	\$24,221,344
11	<u>Long Term Debt to Capitalization Ratio</u>	(332.1)	58.9	58.5
12	Total Long Term Debt	\$12,843,750	\$12,501,250	\$12,158,750
13	Total Net Assets	(\$16,710,766)	\$8,733,965	\$8,616,119
14	Total Long Term Debt and Total Net Assets	(\$3,867,016)	\$21,235,215	\$20,774,869
15	<u>Debt Service Coverage Ratio</u>	(1.3)	28.9	2.3
16	Excess Revenues over Expenses	(\$5,844,981)	\$27,371,627	(\$248,048)
17	Interest Expense	\$845,087	\$592,676	\$1,554,402
18	Depreciation and Amortization Expense	\$2,971,658	\$3,172,136	\$3,243,262

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
19	Principal Payments	\$715,486	\$484,562	\$423,393
G. Other Financial Ratios				
20	Average Age of Plant	10.4	10.8	11.5
21	Accumulated Depreciation	\$31,022,924	\$34,378,475	\$37,256,964
22	Depreciation and Amortization Expense	\$2,971,658	\$3,172,136	\$3,243,262
H. Utilization Measures Summary				
1	Patient Days	17,998	17,737	15,790
2	Discharges	3,618	3,437	3,268
3	ALOS	5.0	5.2	4.8
4	Staffed Beds	72	72	72
5	Available Beds	-	95	95
6	Licensed Beds	101	101	101
6	Occupancy of Staffed Beds	68.5%	67.5%	60.1%
7	Occupancy of Available Beds	51.9%	51.2%	45.5%
8	Full Time Equivalent Employees	469.2	475.7	463.5
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	41.9%	40.3%	37.5%
2	Medicare Gross Revenue Payer Mix Percentage	44.7%	45.7%	46.2%
3	Medicaid Gross Revenue Payer Mix Percentage	7.5%	10.4%	13.9%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	1.5%	1.1%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	3.8%	2.0%	1.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.6%	0.5%	0.7%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$82,051,367	\$60,973,238	\$55,861,682
9	Medicare Gross Revenue (Charges)	\$87,333,452	\$69,163,715	\$68,723,859
10	Medicaid Gross Revenue (Charges)	\$14,737,589	\$15,725,473	\$20,616,125
11	Other Medical Assistance Gross Revenue (Charges)	\$2,947,065	\$1,709,037	\$0
12	Uninsured Gross Revenue (Charges)	\$7,448,767	\$3,046,095	\$2,591,925
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,076,295	\$762,309	\$988,954
14	Total Gross Revenue (Charges)	\$195,594,535	\$151,379,867	\$148,782,545
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	58.6%	56.6%	52.4%

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
2	Medicare Net Revenue Payer Mix Percentage	33.7%	35.1%	37.2%
3	Medicaid Net Revenue Payer Mix Percentage	5.7%	7.0%	9.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.4%	0.5%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	1.3%	0.4%	0.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.5%	0.7%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$36,791,779	\$34,690,163	\$31,031,637
9	Medicare Net Revenue (Payments)	\$21,189,018	\$21,517,044	\$22,030,836
10	Medicaid Net Revenue (Payments)	\$3,570,399	\$4,270,748	\$5,516,654
11	Other Medical Assistance Net Revenue (Payments)	\$263,032	\$324,478	\$0
12	Uninsured Net Revenue (Payments)	\$818,543	\$221,346	\$203,253
13	CHAMPUS / TRICARE Net Revenue Payments)	\$153,116	\$312,321	\$389,724
14	Total Net Revenue (Payments)	\$62,785,887	\$61,336,100	\$59,172,104
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	1,333	1,143	979
2	Medicare	1,807	1,733	1,616
3	Medical Assistance	456	541	643
4	Medicaid	404	509	643
5	Other Medical Assistance	52	32	-
6	CHAMPUS / TRICARE	22	20	30
7	Uninsured (Included In Non-Government)	114	46	52
8	Total	3,618	3,437	3,268
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.023400	1.167700	1.020300
2	Medicare	1.292520	1.352000	1.360500
3	Medical Assistance	0.962631	0.866727	0.849130
4	Medicaid	0.927200	0.855400	0.849130
5	Other Medical Assistance	1.237910	1.046900	0.000000
6	CHAMPUS / TRICARE	1.175700	0.795000	0.918800
7	Uninsured (Included In Non-Government)	1.129800	0.922700	0.923500
8	Total Case Mix Index	1.151078	1.211084	1.153915
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	3,027	2,178	2,686
2	Emergency Room - Treated and Discharged	17,336	17,243	17,435
3	Total Emergency Room Visits	20,363	19,421	20,121

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$54,264	\$91,738	\$37,474	69%
2	Inpatient Payments	\$18,227	\$50,616	\$32,389	178%
3	Outpatient Charges	\$82,129	\$121,924	\$39,795	48%
4	Outpatient Payments	\$52,434	\$38,015	(\$14,419)	-27%
5	Discharges	4	6	2	50%
6	Patient Days	14	20	6	43%
7	Outpatient Visits (Excludes ED Visits)	68	108	40	59%
8	Emergency Department Outpatient Visits	15	17	2	13%
9	Emergency Department Inpatient Admissions	4	3	(1)	-25%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$136,393	\$213,662	\$77,269	57%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$70,661	\$88,631	\$17,970	25%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$33,319	\$23,389	(\$9,930)	-30%
2	Inpatient Payments	\$14,455	\$8,481	(\$5,974)	-41%
3	Outpatient Charges	\$56,675	\$12,276	(\$44,399)	-78%
4	Outpatient Payments	\$13,695	\$2,599	(\$11,096)	-81%
5	Discharges	2	1	(1)	-50%
6	Patient Days	10	7	(3)	-30%
7	Outpatient Visits (Excludes ED Visits)	55	14	(41)	-75%
8	Emergency Department Outpatient Visits	6	0	(6)	-100%
9	Emergency Department Inpatient Admissions	2	76	74	3700%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$89,994	\$35,665	(\$54,329)	-60%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$28,150	\$11,080	(\$17,070)	-61%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$1,251,670	\$2,067,053	\$815,383	65%
2	Inpatient Payments	\$393,793	\$999,850	\$606,057	154%
3	Outpatient Charges	\$1,160,458	\$1,703,350	\$542,892	47%
4	Outpatient Payments	\$311,335	\$443,281	\$131,946	42%
5	Discharges	44	67	23	52%
6	Patient Days	282	397	115	41%
7	Outpatient Visits (Excludes ED Visits)	1,161	1,750	589	51%
8	Emergency Department Outpatient Visits	94	148	54	57%
9	Emergency Department Inpatient Admissions	34	56	22	65%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,412,128	\$3,770,403	\$1,358,275	56%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$705,128	\$1,443,131	\$738,003	105%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$4,063,165	\$1,265,241	(\$2,797,924)	-69%
2	Inpatient Payments	\$1,316,137	\$555,051	(\$761,086)	-58%
3	Outpatient Charges	\$3,334,792	\$892,621	(\$2,442,171)	-73%
4	Outpatient Payments	\$882,852	\$208,535	(\$674,317)	-76%
5	Discharges	164	38	(126)	-77%
6	Patient Days	912	253	(659)	-72%
7	Outpatient Visits (Excludes ED Visits)	3,191	776	(2,415)	-76%
8	Emergency Department Outpatient Visits	281	71	(210)	-75%
9	Emergency Department Inpatient Admissions	125	38	(87)	-70%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,397,957	\$2,157,862	(\$5,240,095)	-71%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,198,989	\$763,586	(\$1,435,403)	-65%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$165,505	\$76,781	(\$88,724)	-54%
2	Inpatient Payments	\$54,636	\$40,302	(\$14,334)	-26%
3	Outpatient Charges	\$60,934	\$39,036	(\$21,898)	-36%
4	Outpatient Payments	\$56,013	\$11,676	(\$44,337)	-79%
5	Discharges	6	4	(2)	-33%
6	Patient Days	36	16	(20)	-56%
7	Outpatient Visits (Excludes ED Visits)	52	20	(32)	-62%
8	Emergency Department Outpatient Visits	16	22	6	38%
9	Emergency Department Inpatient Admissions	10	5	(5)	-50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$226,439	\$115,817	(\$110,622)	-49%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$110,649	\$51,978	(\$58,671)	-53%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$2,064,076	\$2,064,076	0%
2	Inpatient Payments	\$0	\$1,038,578	\$1,038,578	0%
3	Outpatient Charges	\$0	\$2,497,121	\$2,497,121	0%
4	Outpatient Payments	\$0	\$645,160	\$645,160	0%
5	Discharges	0	86	86	0%
6	Patient Days	0	440	440	0%
7	Outpatient Visits (Excludes ED Visits)	0	2,257	2,257	0%
8	Emergency Department Outpatient Visits	0	222	222	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$4,561,197	\$4,561,197	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,683,738	\$1,683,738	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$155,798	\$377,788	\$221,990	142%
2	Inpatient Payments	\$42,052	\$161,920	\$119,868	285%
3	Outpatient Charges	\$60,303	\$61,456	\$1,153	2%
4	Outpatient Payments	\$18,830	\$19,352	\$522	3%
5	Discharges	5	11	6	120%
6	Patient Days	25	72	47	188%
7	Outpatient Visits (Excludes ED Visits)	39	46	7	18%
8	Emergency Department Outpatient Visits	10	13	3	30%
9	Emergency Department Inpatient Admissions	4	7	3	75%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$216,101	\$439,244	\$223,143	103%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$60,882	\$181,272	\$120,390	198%
I. AETNA					
1	Inpatient Charges	\$369,160	\$290,957	(\$78,203)	-21%
2	Inpatient Payments	\$138,178	\$167,992	\$29,814	22%
3	Outpatient Charges	\$367,105	\$342,064	(\$25,041)	-7%
4	Outpatient Payments	\$99,255	\$95,281	(\$3,974)	-4%
5	Discharges	16	14	(2)	-13%
6	Patient Days	76	73	(3)	-4%
7	Outpatient Visits (Excludes ED Visits)	344	279	(65)	-19%
8	Emergency Department Outpatient Visits	32	34	2	6%
9	Emergency Department Inpatient Admissions	13	10	(3)	-23%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$736,265	\$633,021	(\$103,244)	-14%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$237,433	\$263,273	\$25,840	11%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$19,453	\$19,453	0%
2	Inpatient Payments	\$0	\$10,099	\$10,099	0%
3	Outpatient Charges	\$30,157	\$16,355	(\$13,802)	-46%
4	Outpatient Payments	\$16,824	\$8,286	(\$8,538)	-51%
5	Discharges	0	1	1	0%
6	Patient Days	0	5	5	0%
7	Outpatient Visits (Excludes ED Visits)	24	23	(1)	-4%
8	Emergency Department Outpatient Visits	8	6	(2)	-25%
9	Emergency Department Inpatient Admissions	0	1	1	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$30,157	\$35,808	\$5,651	19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$16,824	\$18,385	\$1,561	9%
K. SECURE HORIZONS					
1	Inpatient Charges	\$296,375	\$654,073	\$357,698	121%
2	Inpatient Payments	\$93,246	\$329,733	\$236,487	254%
3	Outpatient Charges	\$401,597	\$681,567	\$279,970	70%
4	Outpatient Payments	\$91,506	\$162,744	\$71,238	78%
5	Discharges	16	26	10	63%
6	Patient Days	66	119	53	80%
7	Outpatient Visits (Excludes ED Visits)	326	549	223	68%
8	Emergency Department Outpatient Visits	45	62	17	38%
9	Emergency Department Inpatient Admissions	13	31	18	138%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$697,972	\$1,335,640	\$637,668	91%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$184,752	\$492,477	\$307,725	167%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$628,834	\$380,232	(\$248,602)	-40%
2	Inpatient Payments	\$306,154	\$191,480	(\$114,674)	-37%
3	Outpatient Charges	\$180,734	\$223,739	\$43,005	24%
4	Outpatient Payments	\$46,788	\$57,131	\$10,343	22%
5	Discharges	19	15	(4)	-21%
6	Patient Days	170	89	(81)	-48%
7	Outpatient Visits (Excludes ED Visits)	617	705	88	14%
8	Emergency Department Outpatient Visits	32	50	18	56%
9	Emergency Department Inpatient Admissions	16	22	6	38%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$809,568	\$603,971	(\$205,597)	-25%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$352,942	\$248,611	(\$104,331)	-30%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$7,018,090	\$7,310,781	\$292,691	4%
	TOTAL INPATIENT PAYMENTS	\$2,376,878	\$3,554,102	\$1,177,224	50%
	TOTAL OUTPATIENT CHARGES	\$5,734,884	\$6,591,509	\$856,625	15%
	TOTAL OUTPATIENT PAYMENTS	\$1,589,532	\$1,692,060	\$102,528	6%
	TOTAL DISCHARGES	276	269	(7)	-3%
	TOTAL PATIENT DAYS	1,591	1,491	(100)	-6%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	5,877	6,527	650	11%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	539	645	106	20%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	221	249	28	13%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,752,974	\$13,902,290	\$1,149,316	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,966,410	\$5,246,162	\$1,279,752	32%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$470,483	\$1,886,174	\$1,415,691	301%
2	Inpatient Payments	\$160,909	\$925,323	\$764,414	475%
3	Outpatient Charges	\$112,419	\$235,074	\$122,655	109%
4	Outpatient Payments	\$13,942	\$37,355	\$23,413	168%
5	Discharges	36	146	110	306%
6	Patient Days	220	775	555	252%
7	Outpatient Visits (Excludes ED Visits)	24	42	18	75%
8	Emergency Department Outpatient Visits	20	25	5	25%
9	Emergency Department Inpatient Admissions	24	132	108	450%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$582,902	\$2,121,248	\$1,538,346	264%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$174,851	\$962,678	\$787,827	451%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$1,704,664	\$1,693,094	(\$11,570)	-1%
2	Inpatient Payments	\$523,477	\$712,222	\$188,745	36%
3	Outpatient Charges	\$3,367,420	\$3,850,004	\$482,584	14%
4	Outpatient Payments	\$965,432	\$1,054,997	\$89,565	9%
5	Discharges	222	215	(7)	-3%
6	Patient Days	527	504	(23)	-4%
7	Outpatient Visits (Excludes ED Visits)	2,652	2,535	(117)	-4%
8	Emergency Department Outpatient Visits	1,567	1,679	112	7%
9	Emergency Department Inpatient Admissions	12	22	10	83%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$5,072,084	\$5,543,098	\$471,014	9%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$1,488,909	\$1,767,219	\$278,310	19%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$49,673	\$269	(\$49,404)	-99%
4	Outpatient Payments	\$6,226	\$261	(\$5,965)	-96%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	1	1	0	0%
8	Emergency Department Outpatient Visits	53	0	(53)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$49,673	\$269	(\$49,404)	-99%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$6,226	\$261	(\$5,965)	-96%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$408,985	\$432,113	\$23,128	6%
2	Inpatient Payments	\$89,634	\$235,111	\$145,477	162%
3	Outpatient Charges	\$623,067	\$1,400,498	\$777,431	125%
4	Outpatient Payments	\$310,605	\$377,539	\$66,934	22%
5	Discharges	34	33	(1)	-3%
6	Patient Days	171	113	(58)	-34%
7	Outpatient Visits (Excludes ED Visits)	56	523	467	834%
8	Emergency Department Outpatient Visits	291	735	444	153%
9	Emergency Department Inpatient Admissions	28	11	(17)	-61%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,032,052	\$1,832,611	\$800,559	78%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$400,239	\$612,650	\$212,411	53%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$189,053	\$0	(\$189,053)	-100%
2	Inpatient Payments	\$38,095	\$0	(\$38,095)	-100%
3	Outpatient Charges	\$766,036	\$0	(\$766,036)	-100%
4	Outpatient Payments	\$174,987	\$0	(\$174,987)	-100%
5	Discharges	16	0	(16)	-100%
6	Patient Days	41	0	(41)	-100%
7	Outpatient Visits (Excludes ED Visits)	396	0	(396)	-100%
8	Emergency Department Outpatient Visits	354	0	(354)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$955,089	\$0	(\$955,089)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$213,082	\$0	(\$213,082)	-100%
	H. AETNA				
1	Inpatient Charges	\$319,774	\$413,189	\$93,415	29%
2	Inpatient Payments	\$56,326	\$163,128	\$106,802	190%
3	Outpatient Charges	\$1,523,689	\$1,768,925	\$245,236	16%
4	Outpatient Payments	\$361,766	\$396,893	\$35,127	10%
5	Discharges	19	33	14	74%
6	Patient Days	75	109	34	45%
7	Outpatient Visits (Excludes ED Visits)	638	818	180	28%
8	Emergency Department Outpatient Visits	663	646	(17)	-3%
9	Emergency Department Inpatient Admissions	14	16	2	14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,843,463	\$2,182,114	\$338,651	18%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$418,092	\$560,021	\$141,929	34%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$3,092,959	\$4,424,570	\$1,331,611	43%
	TOTAL INPATIENT PAYMENTS	\$868,441	\$2,035,784	\$1,167,343	134%
	TOTAL OUTPATIENT CHARGES	\$6,442,304	\$7,254,770	\$812,466	13%
	TOTAL OUTPATIENT PAYMENTS	\$1,832,958	\$1,867,045	\$34,087	2%
	TOTAL DISCHARGES	327	427	100	31%
	TOTAL PATIENT DAYS	1,034	1,501	467	45%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	3,767	3,919	152	4%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,948	3,085	137	5%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	78	181	103	132%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,535,263	\$11,679,340	\$2,144,077	22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,701,399	\$3,902,829	\$1,201,430	44%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

JOHNSON MEMORIAL MEDICAL CENTER, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$5,926,275	\$1,301,545	(\$4,624,730)	-78%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$11,163,874	\$11,509,996	\$346,122	3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,154,583	\$1,216,495	\$61,912	5%
8	Prepaid Expenses	\$1,660,331	\$1,312,590	(\$347,741)	-21%
9	Other Current Assets	\$146,659	\$130,809	(\$15,850)	-11%
	Total Current Assets	\$20,051,722	\$15,471,435	(\$4,580,287)	-23%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$4,521,816	\$4,009,963	(\$511,853)	-11%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$4,521,816	\$4,009,963	(\$511,853)	-11%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,065,208	\$3,025,491	(\$39,717)	-1%
7	Other Noncurrent Assets	\$1,440,949	\$1,199,389	(\$241,560)	-17%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$88,785,708	\$89,090,624	\$304,916	0%
2	Less: Accumulated Depreciation	\$49,297,688	\$53,104,766	\$3,807,078	\$0
	Property, Plant and Equipment, Net	\$39,488,020	\$35,985,858	(\$3,502,162)	-9%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$39,488,020	\$35,985,858	(\$3,502,162)	-9%
	Total Assets	\$68,567,715	\$59,692,136	(\$8,875,579)	-13%

JOHNSON MEMORIAL MEDICAL CENTER, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$6,978,741	\$5,573,094	(\$1,405,647)	-20%
2	Salaries, Wages and Payroll Taxes	\$4,253,297	\$2,694,192	(\$1,559,105)	-37%
3	Due To Third Party Payers	\$1,323,239	\$1,559,803	\$236,564	18%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$1,401,467	\$1,221,003	(\$180,464)	-13%
7	Other Current Liabilities	\$6,980,254	\$4,963,552	(\$2,016,702)	-29%
	Total Current Liabilities	\$20,936,998	\$16,011,644	(\$4,925,354)	-24%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$31,240,361	\$29,637,852	(\$1,602,509)	-5%
	Total Long Term Debt	\$31,240,361	\$29,637,852	(\$1,602,509)	-5%
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$9,157,863	\$8,546,856	(\$611,007)	-7%
	Total Long Term Liabilities	\$40,398,224	\$38,184,708	(\$2,213,516)	-5%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$10,661,133	\$10,661,133	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$2,894,449	(\$9,697,651)	(\$12,592,100)	-435%
2	Temporarily Restricted Net Assets	\$40,979	\$352,758	\$311,779	761%
3	Permanently Restricted Net Assets	\$4,297,065	\$4,179,544	(\$117,521)	-3%
	Total Net Assets	\$7,232,493	(\$5,165,349)	(\$12,397,842)	-171%
	Total Liabilities and Net Assets	\$68,567,715	\$59,692,136	(\$8,875,579)	-13%

JOHNSON MEMORIAL MEDICAL CENTER, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$194,467,507	\$191,420,507	(\$3,047,000)	-2%
2	Less: Allowances	\$104,995,694	\$102,132,113	(\$2,863,581)	-3%
3	Less: Charity Care	\$323,775	\$491,100	\$167,325	52%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$89,148,038	\$88,797,294	(\$350,744)	0%
5	Other Operating Revenue	\$1,507,077	\$965,605	(\$541,472)	-36%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$90,655,115	\$89,762,899	(\$892,216)	-1%
B. Operating Expenses:					
1	Salaries and Wages	\$47,121,431	\$46,308,939	(\$812,492)	-2%
2	Fringe Benefits	\$12,107,097	\$9,658,911	(\$2,448,186)	-20%
3	Physicians Fees	\$658,322	\$493,797	(\$164,525)	-25%
4	Supplies and Drugs	\$9,310,163	\$8,817,803	(\$492,360)	-5%
5	Depreciation and Amortization	\$4,439,184	\$4,470,435	\$31,251	1%
6	Bad Debts	\$3,604,330	\$2,836,552	(\$767,778)	-21%
7	Interest	\$898,164	\$2,007,104	\$1,108,940	123%
8	Malpractice	\$788,038	\$729,896	(\$58,142)	-7%
9	Other Operating Expenses	\$18,376,434	\$17,666,404	(\$710,030)	-4%
	Total Operating Expenses	\$97,303,163	\$92,989,841	(\$4,313,322)	-4%
	Income/(Loss) From Operations	(\$6,648,048)	(\$3,226,942)	\$3,421,106	-51%
C. Non-Operating Revenue:					
1	Income from Investments	\$174,881	\$118,937	(\$55,944)	-32%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$33,667,144	\$1,087,038	(\$32,580,106)	-97%
	Total Non-Operating Revenue	\$33,842,025	\$1,205,975	(\$32,636,050)	-96%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$27,193,977	(\$2,020,967)	(\$29,214,944)	-107%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$27,193,977	(\$2,020,967)	(\$29,214,944)	-107%

JOHNSON MEMORIAL MEDICAL CENTER, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$86,692,181	\$89,148,038	\$88,797,294
2	Other Operating Revenue	6,489,182	1,507,077	965,605
3	Total Operating Revenue	\$93,181,363	\$90,655,115	\$89,762,899
4	Total Operating Expenses	98,500,073	97,303,163	92,989,841
5	Income/(Loss) From Operations	(\$5,318,710)	(\$6,648,048)	(\$3,226,942)
6	Total Non-Operating Revenue	(672,962)	33,842,025	1,205,975
7	Excess/(Deficiency) of Revenue Over Expenses	(\$5,991,672)	\$27,193,977	(\$2,020,967)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-5.75%	-5.34%	-3.55%
2	Parent Corporation Non-Operating Margin	-0.73%	27.18%	1.33%
3	Parent Corporation Total Margin	-6.48%	21.84%	-2.22%
4	Income/(Loss) From Operations	(\$5,318,710)	(\$6,648,048)	(\$3,226,942)
5	Total Operating Revenue	\$93,181,363	\$90,655,115	\$89,762,899
6	Total Non-Operating Revenue	(\$672,962)	\$33,842,025	\$1,205,975
7	Total Revenue	\$92,508,401	\$124,497,140	\$90,968,874
8	Excess/(Deficiency) of Revenue Over Expenses	(\$5,991,672)	\$27,193,977	(\$2,020,967)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	(\$16,166,149)	\$2,894,449	-\$9,697,651
2	Parent Corporation Total Net Assets	(\$14,868,343)	\$7,232,493	(\$5,165,349)
3	Parent Corporation Change in Total Net Assets	(\$8,448,356)	\$22,100,836	(\$12,397,842)
4	Parent Corporation Change in Total Net Assets %	231.6%	-148.6%	-171.4%

JOHNSON MEMORIAL MEDICAL CENTER, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2011

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
D. Liquidity Measures Summary				
1	Current Ratio	0.47	0.96	0.97
2	Total Current Assets	\$21,329,107	\$20,051,722	\$15,471,435
3	Total Current Liabilities	\$45,854,071	\$20,936,998	\$16,011,644
4	Days Cash on Hand	21	23	5
5	Cash and Cash Equivalents	\$5,343,494	\$5,926,275	\$1,301,545
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$5,343,494	\$5,926,275	\$1,301,545
8	Total Operating Expenses	\$98,500,073	\$97,303,163	\$92,989,841
9	Depreciation Expense	\$4,295,301	\$4,439,184	\$4,470,435
10	Operating Expenses less Depreciation Expense	\$94,204,772	\$92,863,979	\$88,519,406
11	Days Revenue in Patient Accounts Receivable	51	40	41
12	Net Patient Accounts Receivable	\$ 12,328,784	\$ 11,163,874	\$ 11,509,996
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$304,390	\$1,323,239	\$1,559,803
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 12,024,394	\$ 9,840,635	\$ 9,950,193
16	Total Net Patient Revenue	\$86,692,181	\$89,148,038	\$88,797,294
17	Average Payment Period	178	82	66
18	Total Current Liabilities	\$45,854,071	\$20,936,998	\$16,011,644
19	Total Operating Expenses	\$98,500,073	\$97,303,163	\$92,989,841
20	Depreciation Expense	\$4,295,301	\$4,439,184	\$4,470,435
21	Total Operating Expenses less Depreciation Expense	\$94,204,772	\$92,863,979	\$88,519,406

JOHNSON MEMORIAL MEDICAL CENTER, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	(21.0)	10.5	(8.7)
2	Total Net Assets	(\$14,868,343)	\$7,232,493	(\$5,165,349)
3	Total Assets	\$70,744,892	\$68,567,715	\$59,692,136
4	<u>Cash Flow to Total Debt Ratio</u>	(2.2)	60.6	5.4
5	Excess/(Deficiency) of Revenues Over Expenses	(\$5,991,672)	\$27,193,977	(\$2,020,967)
6	Depreciation Expense	\$4,295,301	\$4,439,184	\$4,470,435
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$1,696,371)	\$31,633,161	\$2,449,468
8	Total Current Liabilities	\$45,854,071	\$20,936,998	\$16,011,644
9	Total Long Term Debt	\$31,986,240	\$31,240,361	\$29,637,852
10	Total Current Liabilities and Total Long Term Debt	\$77,840,311	\$52,177,359	\$45,649,496
11	<u>Long Term Debt to Capitalization Ratio</u>	186.9	81.2	121.1
12	Total Long Term Debt	\$31,986,240	\$31,240,361	\$29,637,852
13	Total Net Assets	(\$14,868,343)	\$7,232,493	(\$5,165,349)
14	Total Long Term Debt and Total Net Assets	\$17,117,897	\$38,472,854	\$24,472,503

JOHNSON MEMORIAL HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	9,961	2,220	2,232	42	56	65.0%	48.7%
2	ICU/CCU (Excludes Neonatal ICU)	1,149	105	0	5	7	63.0%	45.0%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	3,492	562	549	17	20	56.3%	47.8%
	TOTAL PSYCHIATRIC	3,492	562	549	17	20	56.3%	47.8%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	640	245	254	4	6	43.8%	29.2%
7	Newborn	548	241	238	4	6	37.5%	25.0%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	15,242	3,027	3,035	68	89	61.4%	46.9%
	TOTAL INPATIENT BED UTILIZATION	15,790	3,268	3,273	72	95	60.1%	45.5%
	TOTAL INPATIENT REPORTED YEAR	15,790	3,268	3,273	72	95	60.1%	45.5%
	TOTAL INPATIENT PRIOR YEAR	17,737	0	0	72	95	67.5%	51.2%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,947	3,268	3,273	0	0	-7.4%	-5.6%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-11%	0%	0%	0%	0%	-11%	-11%
	Total Licensed Beds and Bassinets	101						
(A) This number may not exceed the number of available beds for each department or in total.								

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	2,274	1,890	-384	-17%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,187	1,824	-363	-17%
3	Emergency Department Scans	3,860	3,887	27	1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	8,321	7,601	-720	-9%
B. MRI Scans (A)					
1	Inpatient Scans	197	120	-77	-39%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,161	1,376	215	19%
3	Emergency Department Scans	20	15	-5	-25%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	1,378	1,511	133	10%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	646	578	-68	-11%
2	Outpatient Surgical Procedures	2,297	2,283	-14	-1%
	Total Surgical Procedures	2,943	2,861	-82	-3%
J. Endoscopy Procedures					

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	165	130	-35	-21%
2	Outpatient Endoscopy Procedures	2,061	1,809	-252	-12%
	Total Endoscopy Procedures	2,226	1,939	-287	-13%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	2,178	2,686	508	23%
2	Emergency Room Visits: Treated and Discharged	17,243	17,435	192	1%
	Total Emergency Room Visits	19,421	20,121	700	4%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	0	0	0	0%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	871	1,180	309	35%
2	Cardiology	1,370	1,325	-45	-3%
3	Chemotherapy	1,023	1,427	404	39%
4	Gastroenterology	1,291	1,287	-4	0%
5	Other Outpatient Visits	79,181	75,544	-3,637	-5%
	Total Other Hospital Outpatient Visits	83,736	80,763	-2,973	-4%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	125.4	119.6	-5.8	-5%
2	Total Physician FTEs	5.9	0.0	-5.9	-100%
3	Total Non-Nursing and Non-Physician FTEs	344.4	343.9	-0.5	0%
	Total Hospital Full Time Equivalent Employees	475.7	463.5	-12.2	-3%

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Johnson Memorial Hospital	937	804	-133	-14%
2	Offsite Surgery Department - Enfield, CT	1,360	1,479	119	9%
	Total Outpatient Surgical Procedures(A)	2,297	2,283	-14	-1%
B. Outpatient Endoscopy Procedures					
1	Johnson Memorial Hospital	1,539	1,244	-295	-19%
2	Offsite Surgical Department - Enfield, CT	522	565	43	8%
	Total Outpatient Endoscopy Procedures(B)	2,061	1,809	-252	-12%
C. Outpatient Hospital Emergency Room Visits					
1	Johnson Memorial Hospital	17,243	17,435	192	1%
	Total Outpatient Hospital Emergency Room Visits(C)	17,243	17,435	192	1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$42,815,475	\$39,549,056	(\$3,266,419)	-8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$14,503,969	\$14,745,330	\$241,361	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.88%	37.28%	3.41%	10%
4	DISCHARGES	1,733	1,616	(117)	-7%
5	CASE MIX INDEX (CMI)	1.35200	1.36050	0.00850	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,343.01600	2,198.56800	(144.44800)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,190.30	\$6,706.79	\$516.49	8%
8	PATIENT DAYS	10,783	9,180	(1,603)	-15%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,345.08	\$1,606.25	\$261.17	19%
10	AVERAGE LENGTH OF STAY	6.2	5.7	(0.5)	-9%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$26,348,240	\$29,174,803	\$2,826,563	11%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,013,075	\$7,285,506	\$272,431	4%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.62%	24.97%	-1.64%	-6%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	61.54%	73.77%	12.23%	20%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,066.47188	1,192.10131	125.62944	12%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,575.96	\$6,111.48	(\$464.48)	-7%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$69,163,715	\$68,723,859	(\$439,856)	-1%
18	TOTAL ACCRUED PAYMENTS	\$21,517,044	\$22,030,836	\$513,792	2%
19	TOTAL ALLOWANCES	\$47,646,671	\$46,693,023	(\$953,648)	-2%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$17,036,384	\$14,748,364	(\$2,288,020)	-13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$9,287,493	\$7,431,564	(\$1,855,929)	-20%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	54.52%	50.39%	-4.13%	-8%
4	DISCHARGES	1,143	979	(164)	-14%
5	CASE MIX INDEX (CMI)	1.16770	1.02030	(0.14740)	-13%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,334,68110	998,87370	(335,80740)	-25%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,958.59	\$7,439.94	\$481.36	7%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$768.29)	(\$733.16)	\$35.13	-5%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,025,418)	(\$732,330)	\$293,089	-29%
10	PATIENT DAYS	4,527	3,704	(823)	-18%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,051.58	\$2,006.36	(\$45.22)	-2%
12	AVERAGE LENGTH OF STAY	4.0	3.8	(0.2)	-4%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$46,982,949	\$43,705,243	(\$3,277,706)	-7%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$25,624,016	\$23,803,326	(\$1,820,690)	-7%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	54.54%	54.46%	-0.08%	0%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	275.78%	296.34%	20.56%	7%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,152.16602	2,901.16469	(251.00133)	-8%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,129.02	\$8,204.75	\$75.73	1%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$1,553.06)	(\$2,093.27)	(\$540.21)	35%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$4,895,502)	(\$6,072,910)	(\$1,177,407)	24%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$64,019,333	\$58,453,607	(\$5,565,726)	-9%
22	TOTAL ACCRUED PAYMENTS	\$34,911,509	\$31,234,890	(\$3,676,619)	-11%
23	TOTAL ALLOWANCES	\$29,107,824	\$27,218,717	(\$1,889,107)	-6%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$5,920,921)	(\$6,805,239)	(\$884,318)	15%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$64,018,828	\$58,453,607	(\$5,565,221)	-9%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$35,208,809	\$31,234,890	(\$3,973,919)	-11%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$28,810,019	\$27,218,717	(\$1,591,302)	-6%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	45.00%	46.56%	1.56%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$734,342	\$653,864	(\$80,478)	-11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$62,740	\$55,783	(\$6,957)	-11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	8.54%	8.53%	-0.01%	0%
4	DISCHARGES	46	52	6	13%
5	CASE MIX INDEX (CMI)	0.92270	0.92350	0.00080	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	42.44420	48.02200	5.57780	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,478.18	\$1,161.61	(\$316.56)	-21%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$5,480.41	\$6,278.33	\$797.92	15%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$4,712.12	\$5,545.17	\$833.05	18%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$200,002	\$266,290	\$66,288	33%
11	PATIENT DAYS	177	169	(8)	-5%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$354.46	\$330.08	(\$24.39)	-7%
13	AVERAGE LENGTH OF STAY	3.8	3.3	(0.6)	-16%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,311,753	\$1,938,061	(\$373,692)	-16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$158,606	\$147,470	(\$11,136)	-7%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	6.86%	7.61%	0.75%	11%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	314.81%	296.40%	-18.40%	-6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	144.81078	154.12864	9.31786	6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,095.26	\$956.80	(\$138.47)	-13%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,033.75	\$7,247.95	\$214.20	3%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,480.69	\$5,154.68	(\$326.01)	-6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$793,664	\$794,484	\$821	0%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$3,046,095	\$2,591,925	(\$454,170)	-15%
24	TOTAL ACCRUED PAYMENTS	\$221,346	\$203,253	(\$18,093)	-8%
25	TOTAL ALLOWANCES	\$2,824,749	\$2,388,672	(\$436,077)	-15%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$993,666	\$1,060,775	\$67,109	7%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$6,757,493	\$8,565,373	\$1,807,880	27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,056,980	\$2,558,626	\$501,646	24%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.44%	29.87%	-0.57%	-2%
4	DISCHARGES	509	643	134	26%
5	CASE MIX INDEX (CMI)	0.85540	0.84913	(0.00627)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	435.39860	545.99059	110.59199	25%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,724.36	\$4,686.21	(\$38.15)	-1%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,234.23	\$2,753.73	\$519.51	23%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,465.94	\$2,020.58	\$554.64	38%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$638,267	\$1,103,217	\$464,950	73%
11	PATIENT DAYS	2,146	2,813	667	31%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$958.52	\$909.57	(\$48.95)	-5%
13	AVERAGE LENGTH OF STAY	4.2	4.4	0.2	4%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,967,980	\$12,050,752	\$3,082,772	34%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,213,768	\$2,958,028	\$744,260	34%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.69%	24.55%	-0.14%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	132.71%	140.69%	7.98%	6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	675.50226	904.64636	229.14410	34%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,277.22	\$3,269.82	(\$7.40)	0%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,851.80	\$4,934.93	\$83.13	2%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,298.74	\$2,841.67	(\$457.08)	-14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,228,307	\$2,570,702	\$342,395	15%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$15,725,473	\$20,616,125	\$4,890,652	31%
24	TOTAL ACCRUED PAYMENTS	\$4,270,748	\$5,516,654	\$1,245,906	29%
25	TOTAL ALLOWANCES	\$11,454,725	\$15,099,471	\$3,644,746	32%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,866,574	\$3,673,919	\$807,345	28%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$712,436	\$0	(\$712,436)	-100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$147,934	\$0	(\$147,934)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.76%	0.00%	-20.76%	-100%
4	DISCHARGES	32	-	(32)	-100%
5	CASE MIX INDEX (CMI)	1.04690	0.00000	(1.04690)	-100%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	33.50080	0.00000	(33.50080)	-100%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,415.83	\$0.00	(\$4,415.83)	-100%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$2,542.75	\$7,439.94	\$4,897.19	193%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$1,774.46	\$6,706.79	\$4,932.32	278%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$59,446	\$0	(\$59,446)	-100%
11	PATIENT DAYS	202	0	(202)	-100%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$732.35	\$0.00	(\$732.35)	-100%
13	AVERAGE LENGTH OF STAY	6.3	-	(6.3)	-100%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$996,601	\$0	(\$996,601)	-100%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$176,544	\$0	(\$176,544)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.71%	0.00%	-17.71%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	139.89%	0.00%	-139.89%	-100%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	44.76364	0.00000	(44.76364)	-100%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,943.91	\$0.00	(\$3,943.91)	-100%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$4,185.10	\$8,204.75	\$4,019.64	96%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,632.04	\$6,111.48	\$3,479.44	132%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$117,820	\$0	(\$117,820)	-100%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$1,709,037	\$0	(\$1,709,037)	-100%
24	TOTAL ACCRUED PAYMENTS	\$324,478	\$0	(\$324,478)	-100%
25	TOTAL ALLOWANCES	\$1,384,559	\$0	(\$1,384,559)	-100%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$177,266	\$0	(\$177,266)	-100%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$7,469,929	\$8,565,373	\$1,095,444	15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,204,914	\$2,558,626	\$353,712	16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.52%	29.87%	0.35%	1%
4	DISCHARGES	541	643	102	19%
5	CASE MIX INDEX (CMI)	0.86673	0.84913	(0.01760)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	468.89940	545.99059	77.09119	16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,702.32	\$4,686.21	(\$16.11)	0%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,256.27	\$2,753.73	\$497.47	22%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,487.98	\$2,020.58	\$532.60	36%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$697,713	\$1,103,217	\$405,504	58%
11	PATIENT DAYS	2,348	2,813	465	20%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$939.06	\$909.57	(\$29.49)	-3%
13	AVERAGE LENGTH OF STAY	4.3	4.4	0.0	1%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$9,964,581	\$12,050,752	\$2,086,171	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,390,312	\$2,958,028	\$567,716	24%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.99%	24.55%	0.56%	2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	133.40%	140.69%	7.30%	5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	720.26591	904.64636	184.38045	26%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,318.65	\$3,269.82	(\$48.84)	-1%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,810.37	\$4,934.93	\$124.56	3%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,257.31	\$2,841.67	(\$415.64)	-13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,346,127	\$2,570,702	\$224,575	10%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$17,434,510	\$20,616,125	\$3,181,615	18%
24	TOTAL ACCRUED PAYMENTS	\$4,595,226	\$5,516,654	\$921,428	20%
25	TOTAL ALLOWANCES	\$12,839,284	\$15,099,471	\$2,260,187	18%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$253,020	\$400,272	\$147,252	58%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$96,517	\$152,747	\$56,230	58%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.15%	38.16%	0.01%	0%
4	DISCHARGES	20	30	10	50%
5	CASE MIX INDEX (CMI)	0.79500	0.91880	0.12380	16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	15.90000	27.56400	11.66400	73%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,070.25	\$5,541.54	(\$528.71)	-9%
8	PATIENT DAYS	79	93	14	18%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,221.73	\$1,642.44	\$420.71	34%
10	AVERAGE LENGTH OF STAY	4.0	3.1	(0.9)	-22%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$509,289	\$588,682	\$79,393	16%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$215,804	\$236,977	\$21,173	10%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$762,309	\$988,954	\$226,645	30%
14	TOTAL ACCRUED PAYMENTS	\$312,321	\$389,724	\$77,403	25%
15	TOTAL ALLOWANCES	\$449,988	\$599,230	\$149,242	33%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$571,177	\$1,209,809	\$638,632	112%
2	TOTAL OPERATING EXPENSES	\$67,684,735	\$61,306,385	(\$6,378,350)	-9%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$280,655	\$465,816	\$185,161	66%
5	BAD DEBTS (CHARGES)	\$2,544,094	\$2,141,072	(\$403,022)	-16%
6	UNCOMPENSATED CARE (CHARGES)	\$2,824,749	\$2,606,888	(\$217,861)	-8%
7	COST OF UNCOMPENSATED CARE	\$1,097,379	\$991,105	(\$106,274)	-10%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$17,434,510	\$20,616,125	\$3,181,615	18%
9	TOTAL ACCRUED PAYMENTS	\$4,595,226	\$5,516,654	\$921,428	20%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$6,773,086	\$7,837,986	\$1,064,901	16%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,177,860	\$2,321,332	\$143,473	7%

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$67,574,808	\$63,263,065	(\$4,311,743)	-6%
2	TOTAL INPATIENT PAYMENTS	\$26,092,893	\$24,888,267	(\$1,204,626)	-5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	38.61%	39.34%	0.73%	2%
4	TOTAL DISCHARGES	3,437	3,268	(169)	-5%
5	TOTAL CASE MIX INDEX	1.21108	1.15392	(0.05717)	-5%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	4,162,49650	3,770,99629	(391,50021)	-9%
7	TOTAL OUTPATIENT CHARGES	\$83,805,059	\$85,519,480	\$1,714,421	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	124.02%	135.18%	11.16%	9%
9	TOTAL OUTPATIENT PAYMENTS	\$35,243,207	\$34,283,837	(\$959,370)	-3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.05%	40.09%	-1.96%	-5%
11	TOTAL CHARGES	\$151,379,867	\$148,782,545	(\$2,597,322)	-2%
12	TOTAL PAYMENTS	\$61,336,100	\$59,172,104	(\$2,163,996)	-4%
13	TOTAL PAYMENTS / TOTAL CHARGES	40.52%	39.77%	-0.75%	-2%
14	PATIENT DAYS	17,737	15,790	(1,947)	-11%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$50,538,424	\$48,514,701	(\$2,023,723)	-4%
2	INPATIENT PAYMENTS	\$16,805,400	\$17,456,703	\$651,303	4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	33.25%	35.98%	2.73%	8%
4	DISCHARGES	2,294	2,289	(5)	0%
5	CASE MIX INDEX	1.23270	1.21106	(0.02164)	-2%
6	CASE MIX ADJUSTED DISCHARGES	2,827.81540	2,772.12259	(55.69281)	-2%
7	OUTPATIENT CHARGES	\$36,822,110	\$41,814,237	\$4,992,127	14%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	72.86%	86.19%	13.33%	18%
9	OUTPATIENT PAYMENTS	\$9,619,191	\$10,480,511	\$861,320	9%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.12%	25.06%	-1.06%	-4%
11	TOTAL CHARGES	\$87,360,534	\$90,328,938	\$2,968,404	3%
12	TOTAL PAYMENTS	\$26,424,591	\$27,937,214	\$1,512,623	6%
13	TOTAL PAYMENTS / CHARGES	30.25%	30.93%	0.68%	2%
14	PATIENT DAYS	13,210	12,086	(1,124)	-9%
15	TOTAL GOVERNMENT DEDUCTIONS	\$60,935,943	\$62,391,724	\$1,455,781	2%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.2	5.7	(0.5)	-9%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	3.8	(0.2)	-4%
3	UNINSURED	3.8	3.3	(0.6)	-16%
4	MEDICAID	4.2	4.4	0.2	4%
5	OTHER MEDICAL ASSISTANCE	6.3	-	(6.3)	-100%
6	CHAMPUS / TRICARE	4.0	3.1	(0.9)	-22%
7	TOTAL AVERAGE LENGTH OF STAY	5.2	4.8	(0.3)	-6%

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$151,379,867	\$148,782,545	(\$2,597,322)	-2%
2	TOTAL GOVERNMENT DEDUCTIONS	\$60,935,943	\$62,391,724	\$1,455,781	2%
3	UNCOMPENSATED CARE	\$2,824,749	\$2,606,888	(\$217,861)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$28,810,019	\$27,218,717	(\$1,591,302)	-6%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$92,570,711	\$92,217,329	(\$353,382)	0%
7	TOTAL ACCRUED PAYMENTS	\$58,809,156	\$56,565,216	(\$2,243,940)	-4%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$58,809,156	\$56,565,216	(\$2,243,940)	-4%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3884873013	0.3801871785	(0.0083001227)	-2%
11	COST OF UNCOMPENSATED CARE	\$1,097,379	\$991,105	(\$106,274)	-10%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,177,860	\$2,321,332	\$143,473	7%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,275,239	\$3,312,438	\$37,199	1%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$2,228,307	\$2,570,702	\$342,395	15%
2	OTHER MEDICAL ASSISTANCE	\$177,266	\$0	(\$177,266)	-100%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$993,666	\$1,060,775	\$67,109	7%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,399,239	\$3,631,477	\$232,238	7%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$0	\$619,650	\$619,650	0.00%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$61,336,304	\$59,791,753	(\$1,544,551)	-2.52%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$151,379,874	\$148,782,545	(\$2,597,329)	-1.72%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$2,824,952	\$2,606,888	(\$218,064)	-7.72%

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$17,036,384	\$14,748,364	(\$2,288,020)
2	MEDICARE	\$42,815,475	39,549,056	(\$3,266,419)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,469,929	8,565,373	\$1,095,444
4	MEDICAID	\$6,757,493	8,565,373	\$1,807,880
5	OTHER MEDICAL ASSISTANCE	\$712,436	0	(\$712,436)
6	CHAMPUS / TRICARE	\$253,020	400,272	\$147,252
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$734,342	653,864	(\$80,478)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$50,538,424	\$48,514,701	(\$2,023,723)
	TOTAL INPATIENT CHARGES	\$67,574,808	\$63,263,065	(\$4,311,743)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,982,949	\$43,705,243	(\$3,277,706)
2	MEDICARE	\$26,348,240	29,174,803	\$2,826,563
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,964,581	12,050,752	\$2,086,171
4	MEDICAID	\$8,967,980	12,050,752	\$3,082,772
5	OTHER MEDICAL ASSISTANCE	\$996,601	0	(\$996,601)
6	CHAMPUS / TRICARE	\$509,289	588,682	\$79,393
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,311,753	1,938,061	(\$373,692)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$36,822,110	\$41,814,237	\$4,992,127
	TOTAL OUTPATIENT CHARGES	\$83,805,059	\$85,519,480	\$1,714,421
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$64,019,333	\$58,453,607	(\$5,565,726)
2	TOTAL MEDICARE	\$69,163,715	\$68,723,859	(\$439,856)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,434,510	\$20,616,125	\$3,181,615
4	TOTAL MEDICAID	\$15,725,473	\$20,616,125	\$4,890,652
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,709,037	\$0	(\$1,709,037)
6	TOTAL CHAMPUS / TRICARE	\$762,309	\$988,954	\$226,645
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,046,095	\$2,591,925	(\$454,170)
	TOTAL GOVERNMENT CHARGES	\$87,360,534	\$90,328,938	\$2,968,404
	TOTAL CHARGES	\$151,379,867	\$148,782,545	(\$2,597,322)
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,287,493	\$7,431,564	(\$1,855,929)
2	MEDICARE	\$14,503,969	14,745,330	\$241,361
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,204,914	2,558,626	\$353,712
4	MEDICAID	\$2,056,980	2,558,626	\$501,646
5	OTHER MEDICAL ASSISTANCE	\$147,934	0	(\$147,934)
6	CHAMPUS / TRICARE	\$96,517	152,747	\$56,230
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$62,740	55,783	(\$6,957)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$16,805,400	\$17,456,703	\$651,303
	TOTAL INPATIENT PAYMENTS	\$26,092,893	\$24,888,267	(\$1,204,626)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$25,624,016	\$23,803,326	(\$1,820,690)
2	MEDICARE	\$7,013,075	7,285,506	\$272,431
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,390,312	2,958,028	\$567,716
4	MEDICAID	\$2,213,768	2,958,028	\$744,260
5	OTHER MEDICAL ASSISTANCE	\$176,544	0	(\$176,544)
6	CHAMPUS / TRICARE	\$215,804	236,977	\$21,173
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$158,606	147,470	(\$11,136)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$9,619,191	\$10,480,511	\$861,320
	TOTAL OUTPATIENT PAYMENTS	\$35,243,207	\$34,283,837	(\$959,370)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$34,911,509	\$31,234,890	(\$3,676,619)
2	TOTAL MEDICARE	\$21,517,044	\$22,030,836	\$513,792
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,595,226	\$5,516,654	\$921,428
4	TOTAL MEDICAID	\$4,270,748	\$5,516,654	\$1,245,906
5	TOTAL OTHER MEDICAL ASSISTANCE	\$324,478	\$0	(\$324,478)
6	TOTAL CHAMPUS / TRICARE	\$312,321	\$389,724	\$77,403
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$221,346	\$203,253	(\$18,093)
	TOTAL GOVERNMENT PAYMENTS	\$26,424,591	\$27,937,214	\$1,512,623
	TOTAL PAYMENTS	\$61,336,100	\$59,172,104	(\$2,163,996)

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11.25%	9.91%	-1.34%
2	MEDICARE	28.28%	26.58%	-1.70%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.93%	5.76%	0.82%
4	MEDICAID	4.46%	5.76%	1.29%
5	OTHER MEDICAL ASSISTANCE	0.47%	0.00%	-0.47%
6	CHAMPUS / TRICARE	0.17%	0.27%	0.10%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.49%	0.44%	-0.05%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	33.39%	32.61%	-0.78%
	TOTAL INPATIENT PAYER MIX	44.64%	42.52%	-2.12%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	31.04%	29.38%	-1.66%
2	MEDICARE	17.41%	19.61%	2.20%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.58%	8.10%	1.52%
4	MEDICAID	5.92%	8.10%	2.18%
5	OTHER MEDICAL ASSISTANCE	0.66%	0.00%	-0.66%
6	CHAMPUS / TRICARE	0.34%	0.40%	0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.53%	1.30%	-0.22%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	24.32%	28.10%	3.78%
	TOTAL OUTPATIENT PAYER MIX	55.36%	57.48%	2.12%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.14%	12.56%	-2.58%
2	MEDICARE	23.65%	24.92%	1.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.59%	4.32%	0.73%
4	MEDICAID	3.35%	4.32%	0.97%
5	OTHER MEDICAL ASSISTANCE	0.24%	0.00%	-0.24%
6	CHAMPUS / TRICARE	0.16%	0.26%	0.10%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.10%	0.09%	-0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	27.40%	29.50%	2.10%
	TOTAL INPATIENT PAYER MIX	42.54%	42.06%	-0.48%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	41.78%	40.23%	-1.55%
2	MEDICARE	11.43%	12.31%	0.88%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.90%	5.00%	1.10%
4	MEDICAID	3.61%	5.00%	1.39%
5	OTHER MEDICAL ASSISTANCE	0.29%	0.00%	-0.29%
6	CHAMPUS / TRICARE	0.35%	0.40%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.26%	0.25%	-0.01%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	15.68%	17.71%	2.03%
	TOTAL OUTPATIENT PAYER MIX	57.46%	57.94%	0.48%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE DESCRIPTION		ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,143	979	(164)
2	MEDICARE	1,733	1,616	(117)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	541	643	102
4	MEDICAID	509	643	134
5	OTHER MEDICAL ASSISTANCE	32	0	(32)
6	CHAMPUS / TRICARE	20	30	10
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	46	52	6
	TOTAL GOVERNMENT DISCHARGES	2,294	2,289	(5)
	TOTAL DISCHARGES	3,437	3,268	(169)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,527	3,704	(823)
2	MEDICARE	10,783	9,180	(1,603)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,348	2,813	465
4	MEDICAID	2,146	2,813	667
5	OTHER MEDICAL ASSISTANCE	202	0	(202)
6	CHAMPUS / TRICARE	79	93	14
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	177	169	(8)
	TOTAL GOVERNMENT PATIENT DAYS	13,210	12,086	(1,124)
	TOTAL PATIENT DAYS	17,737	15,790	(1,947)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	3.8	(0.2)
2	MEDICARE	6.2	5.7	(0.5)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.3	4.4	0.0
4	MEDICAID	4.2	4.4	0.2
5	OTHER MEDICAL ASSISTANCE	6.3	0.0	(6.3)
6	CHAMPUS / TRICARE	4.0	3.1	(0.9)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.8	3.3	(0.6)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.8	5.3	(0.5)
	TOTAL AVERAGE LENGTH OF STAY	5.2	4.8	(0.3)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.16770	1.02030	(0.14740)
2	MEDICARE	1.35200	1.36050	0.00850
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.86673	0.84913	(0.01760)
4	MEDICAID	0.85540	0.84913	(0.00627)
5	OTHER MEDICAL ASSISTANCE	1.04690	0.00000	(1.04690)
6	CHAMPUS / TRICARE	0.79500	0.91880	0.12380
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.92270	0.92350	0.00080
	TOTAL GOVERNMENT CASE MIX INDEX	1.23270	1.21106	(0.02164)
	TOTAL CASE MIX INDEX	1.21108	1.15392	(0.05717)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$64,018,828	\$58,453,607	(\$5,565,221)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,208,809	\$31,234,890	(\$3,973,919)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$28,810,019	\$27,218,717	(\$1,591,302)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	45.00%	46.56%	1.56%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$280,655	\$465,816	\$185,161
9	BAD DEBTS	\$2,544,094	\$2,141,072	(\$403,022)
10	TOTAL UNCOMPENSATED CARE	\$2,824,749	\$2,606,888	(\$217,861)
11	TOTAL OTHER OPERATING REVENUE	\$64,018,828	\$58,453,607	(\$5,565,221)
12	TOTAL OPERATING EXPENSES	\$67,684,735	\$61,306,385	(\$6,378,350)

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,334.68110	998.87370	(335.80740)
2	MEDICARE	2,343.01600	2,198.56800	(144.44800)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	468.89940	545.99059	77.09119
4	MEDICAID	435.39860	545.99059	110.59199
5	OTHER MEDICAL ASSISTANCE	33.50080	0.00000	(33.50080)
6	CHAMPUS / TRICARE	15.90000	27.56400	11.66400
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	42.44420	48.02200	5.57780
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	2,827.81540	2,772.12259	(55.69281)
	TOTAL CASE MIX ADJUSTED DISCHARGES	4,162.49650	3,770.99629	(391.50021)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,152.16602	2,901.16469	-251.00133
2	MEDICARE	1,066.47188	1,192.10131	125.62944
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	720.26591	904.64636	184.38045
4	MEDICAID	675.50226	904.64636	229.14410
5	OTHER MEDICAL ASSISTANCE	44.76364	0.00000	-44.76364
6	CHAMPUS / TRICARE	40.25682	44.12115	3.86433
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	144.81078	154.12864	9.31786
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	1,826.99460	2,140.86883	313.87422
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	4,979.16062	5,042.03352	62.87290
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,958.59	\$7,439.94	\$481.36
2	MEDICARE	\$6,190.30	\$6,706.79	\$516.49
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,702.32	\$4,686.21	(\$16.11)
4	MEDICAID	\$4,724.36	\$4,686.21	(\$38.15)
5	OTHER MEDICAL ASSISTANCE	\$4,415.83	\$0.00	(\$4,415.83)
6	CHAMPUS / TRICARE	\$6,070.25	\$5,541.54	(\$528.71)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,478.18	\$1,161.61	(\$316.56)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$5,942.89	\$6,297.23	\$354.34
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,268.57	\$6,599.92	\$331.35
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,129.02	\$8,204.75	\$75.73
2	MEDICARE	\$6,575.96	\$6,111.48	(\$464.48)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,318.65	\$3,269.82	(\$48.84)
4	MEDICAID	\$3,277.22	\$3,269.82	(\$7.40)
5	OTHER MEDICAL ASSISTANCE	\$3,943.91	\$0.00	(\$3,943.91)
6	CHAMPUS / TRICARE	\$5,360.68	\$5,371.05	\$10.37
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,095.26	\$956.80	(\$138.47)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,265.04	\$4,895.45	(\$369.59)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,078.14	\$6,799.61	(\$278.54)

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE DESCRIPTION		ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$2,228,307	\$2,570,702	\$342,395
2	OTHER MEDICAL ASSISTANCE	\$177,266	\$0	(\$177,266)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$993,666	\$1,060,775	\$67,109
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,399,239	\$3,631,477	\$232,238
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$151,379,867	\$148,782,545	(\$2,597,322)
2	TOTAL GOVERNMENT DEDUCTIONS	\$60,935,943	\$62,391,724	\$1,455,781
3	UNCOMPENSATED CARE	\$2,824,749	\$2,606,888	(\$217,861)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$28,810,019	\$27,218,717	(\$1,591,302)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$92,570,711	\$92,217,329	(\$353,382)
7	TOTAL ACCRUED PAYMENTS	\$58,809,156	\$56,565,216	(\$2,243,940)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$58,809,156	\$56,565,216	(\$2,243,940)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3884873013	0.3801871785	(0.0083001227)
11	COST OF UNCOMPENSATED CARE	\$1,097,379	\$991,105	(\$106,274)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,177,860	\$2,321,332	\$143,473
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,275,239	\$3,312,438	\$37,199
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.52%	50.39%	-4.13%
2	MEDICARE	33.88%	37.28%	3.41%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29.52%	29.87%	0.35%
4	MEDICAID	30.44%	29.87%	-0.57%
5	OTHER MEDICAL ASSISTANCE	20.76%	0.00%	-20.76%
6	CHAMPUS / TRICARE	38.15%	38.16%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8.54%	8.53%	-0.01%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	33.25%	35.98%	2.73%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	38.61%	39.34%	0.73%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.54%	54.46%	-0.08%
2	MEDICARE	26.62%	24.97%	-1.64%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.99%	24.55%	0.56%
4	MEDICAID	24.69%	24.55%	-0.14%
5	OTHER MEDICAL ASSISTANCE	17.71%	0.00%	-17.71%
6	CHAMPUS / TRICARE	42.37%	40.26%	-2.12%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.86%	7.61%	0.75%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	26.12%	25.06%	-1.06%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	42.05%	40.09%	-1.96%

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$61,336,100	\$59,172,104	(\$2,163,996)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$61,336,100	\$59,172,104	(\$2,163,996)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0	\$619,650	\$619,650
4	CALCULATED NET REVENUE	\$61,336,100	\$59,791,754	(\$1,544,346)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$61,336,304	\$59,791,753	(\$1,544,551)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$204)	\$1	\$205
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$151,379,867	\$148,782,545	(\$2,597,322)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$151,379,867	\$148,782,545	(\$2,597,322)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$151,379,874	\$148,782,545	(\$2,597,329)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$7)	\$0	\$7
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,824,749	\$2,606,888	(\$217,861)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,824,749	\$2,606,888	(\$217,861)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$2,824,952	\$2,606,888	(\$218,064)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$203)	\$0	\$203

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,748,364
2	MEDICARE	39,549,056
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,565,373
4	MEDICAID	8,565,373
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	400,272
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	653,864
	TOTAL INPATIENT GOVERNMENT CHARGES	\$48,514,701
	TOTAL INPATIENT CHARGES	\$63,263,065
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$43,705,243
2	MEDICARE	29,174,803
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,050,752
4	MEDICAID	12,050,752
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	588,682
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,938,061
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$41,814,237
	TOTAL OUTPATIENT CHARGES	\$85,519,480
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$58,453,607
2	TOTAL GOVERNMENT ACCRUED CHARGES	90,328,938
	TOTAL ACCRUED CHARGES	\$148,782,545
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,431,564
2	MEDICARE	14,745,330
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,558,626
4	MEDICAID	2,558,626
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	152,747
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	55,783
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$17,456,703
	TOTAL INPATIENT PAYMENTS	\$24,888,267
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$23,803,326
2	MEDICARE	7,285,506
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,958,028
4	MEDICAID	2,958,028
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	236,977
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	147,470
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$10,480,511
	TOTAL OUTPATIENT PAYMENTS	\$34,283,837
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$31,234,890
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	27,937,214
	TOTAL ACCRUED PAYMENTS	\$59,172,104

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	979
2	MEDICARE	1,616
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	643
4	MEDICAID	643
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	30
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	52
	TOTAL GOVERNMENT DISCHARGES	2,289
	TOTAL DISCHARGES	3,268
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.02030
2	MEDICARE	1.36050
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.84913
4	MEDICAID	0.84913
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.91880
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.92350
	TOTAL GOVERNMENT CASE MIX INDEX	1.21106
	TOTAL CASE MIX INDEX	1.15392
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$58,453,607
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$31,234,890
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$27,218,717
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.56%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$465,816
9	BAD DEBTS	\$2,141,072
10	TOTAL UNCOMPENSATED CARE	\$2,606,888
11	TOTAL OTHER OPERATING REVENUE	\$1,209,809
12	TOTAL OPERATING EXPENSES	\$61,306,385

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$59,172,104
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$59,172,104
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$619,650
	CALCULATED NET REVENUE	\$59,791,754
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$59,791,753
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$148,782,545
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$148,782,545
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$148,782,545
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,606,888
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,606,888
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$2,606,888
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	229	485	256	112%
2	Number of Approved Applicants	209	376	167	80%
3	Total Charges (A)	\$280,655	\$465,816	\$185,161	66%
4	Average Charges	\$1,343	\$1,239	(\$104)	-8%
5	Ratio of Cost to Charges (RCC)	0.351823	0.445438	0.093615	27%
6	Total Cost	\$98,741	\$207,492	\$108,751	110%
7	Average Cost	\$472	\$552	\$79	17%
8	Charity Care - Inpatient Charges	\$122,446	\$282,865	\$160,419	131%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	91,010	67,597	(23,413)	-26%
10	Charity Care - Emergency Department Charges	67,199	115,354	48,155	72%
11	Total Charges (A)	\$280,655	\$465,816	\$185,161	66%
12	Charity Care - Number of Patient Days	25	136	111	444%
13	Charity Care - Number of Discharges	12	52	40	333%
14	Charity Care - Number of Outpatient ED Visits	94	165	71	76%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	57	204	147	258%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$1,135,684	\$898,608	(\$237,076)	-21%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	205,054	876,555	671,501	327%
3	Bad Debts - Emergency Department	1,203,356	365,909	(837,447)	-70%
4	Total Bad Debts (A)	\$2,544,094	\$2,141,072	(\$403,022)	-16%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$280,655	\$465,816	\$185,161	66%
2	Bad Debts (A)	2,544,094	2,141,072	(403,022)	-16%
3	Total Uncompensated Care (A)	\$2,824,749	\$2,606,888	(\$217,861)	-8%
4	Uncompensated Care - Inpatient Services	\$1,258,130	\$1,181,473	(\$76,657)	-6%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	296,064	944,152	648,088	219%
6	Uncompensated Care - Emergency Department	1,270,555	481,263	(789,292)	-62%
7	Total Uncompensated Care (A)	\$2,824,749	\$2,606,888	(\$217,861)	-8%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL TOTAL NON-GOVERNMENT	FY 2011 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$64,018,828	\$58,453,607	(\$5,565,221)	-9%
2	Total Contractual Allowances	\$28,810,019	\$27,218,717	(\$1,591,302)	-6%
	Total Accrued Payments (A)	\$35,208,809	\$31,234,890	(\$3,973,919)	-11%
	Total Discount Percentage	45.00%	46.56%	1.56%	3%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$83,077,033	\$67,574,808	\$63,263,065
2	Outpatient Gross Revenue	\$112,517,502	\$83,805,059	\$85,519,480
3	Total Gross Patient Revenue	\$195,594,535	\$151,379,867	\$148,782,545
4	Net Patient Revenue	\$62,785,887	\$61,336,304	\$59,791,753
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$66,396,980	\$67,684,735	\$61,306,385
C. <u>Utilization Statistics</u>				
1	Patient Days	17,998	17,737	15,790
2	Discharges	3,618	3,437	3,268
3	Average Length of Stay	5.0	5.2	4.8
4	Equivalent (Adjusted) Patient Days (EPD)	42,374	39,734	37,135
0	Equivalent (Adjusted) Discharges (ED)	8,518	7,700	7,686
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.15108	1.21108	1.15392
2	Case Mix Adjusted Patient Days (CMAPD)	20,717	21,481	18,220
3	Case Mix Adjusted Discharges (CMAD)	4,165	4,162	3,771
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	48,776	48,121	42,851
5	Case Mix Adjusted Equivalent Discharges (CMAED)	9,805	9,325	8,869
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$10,868	\$8,535	\$9,423
2	Total Gross Revenue per Discharge	\$54,062	\$44,044	\$45,527
3	Total Gross Revenue per EPD	\$4,616	\$3,810	\$4,007
4	Total Gross Revenue per ED	\$22,962	\$19,661	\$19,358
5	Total Gross Revenue per CMAEPD	\$4,010	\$3,146	\$3,472
6	Total Gross Revenue per CMAED	\$19,948	\$16,234	\$16,776
7	Inpatient Gross Revenue per EPD	\$1,961	\$1,701	\$1,704
8	Inpatient Gross Revenue per ED	\$9,753	\$8,777	\$8,231

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,488	\$3,458	\$3,787
2	Net Patient Revenue per Discharge	\$17,354	\$17,846	\$18,296
3	Net Patient Revenue per EPD	\$1,482	\$1,544	\$1,610
4	Net Patient Revenue per ED	\$7,371	\$7,966	\$7,780
5	Net Patient Revenue per CMAEPD	\$1,287	\$1,275	\$1,395
6	Net Patient Revenue per CMAED	\$6,403	\$6,578	\$6,742
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,689	\$3,816	\$3,883
2	Total Operating Expense per Discharge	\$18,352	\$19,693	\$18,760
3	Total Operating Expense per EPD	\$1,567	\$1,703	\$1,651
4	Total Operating Expense per ED	\$7,795	\$8,791	\$7,977
5	Total Operating Expense per CMAEPD	\$1,361	\$1,407	\$1,431
6	Total Operating Expense per CMAED	\$6,772	\$7,259	\$6,913
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$9,164,680	\$10,037,829	\$9,606,142
2	Nursing Fringe Benefits Expense	\$2,424,561	\$3,137,311	\$2,547,038
3	Total Nursing Salary and Fringe Benefits Expense	\$11,589,241	\$13,175,140	\$12,153,180
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$2,541,554	\$692,376	\$0
2	Physician Fringe Benefits Expense	\$672,381	\$216,401	\$0
3	Total Physician Salary and Fringe Benefits Expense	\$3,213,935	\$908,777	\$0
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$15,030,923	\$15,934,731	\$16,602,963
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$3,931,568	\$5,033,765	\$4,402,587
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$18,962,491	\$20,968,496	\$21,005,550
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$26,737,157	\$26,664,936	\$26,209,105
2	Total Fringe Benefits Expense	\$7,028,510	\$8,387,477	\$6,949,625
3	Total Salary and Fringe Benefits Expense	\$33,765,667	\$35,052,413	\$33,158,730

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	119.0	125.4	119.6
2	Total Physician FTEs	11.3	5.9	0.0
3	Total Non-Nursing, Non-Physician FTEs	338.9	344.4	343.9
4	Total Full Time Equivalent Employees (FTEs)	469.2	475.7	463.5
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$77,014	\$80,046	\$80,319
2	Nursing Fringe Benefits Expense per FTE	\$20,374	\$25,018	\$21,296
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$97,389	\$105,065	\$101,615
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$224,916	\$117,352	\$0
2	Physician Fringe Benefits Expense per FTE	\$59,503	\$36,678	\$0
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$284,419	\$154,030	\$0
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$44,352	\$46,268	\$48,278
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$11,601	\$14,616	\$12,802
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$55,953	\$60,884	\$61,080
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$56,985	\$56,054	\$56,546
2	Total Fringe Benefits Expense per FTE	\$14,980	\$17,632	\$14,994
3	Total Salary and Fringe Benefits Expense per FTE	\$71,964	\$73,686	\$71,540
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,876	\$1,976	\$2,100
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,333	\$10,199	\$10,146
3	Total Salary and Fringe Benefits Expense per EPD	\$797	\$882	\$893
4	Total Salary and Fringe Benefits Expense per ED	\$3,964	\$4,553	\$4,314
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$692	\$728	\$774
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,444	\$3,759	\$3,739